

Campaign Finance Section Financial Report

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees, and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization Name:	Friends For	Dick Cathcar	rt			
Account Number:	*	*****	_	Dat	e of this Report:	01/19/2006
Reporting Period Start:	01/	/01/2005	_	Rep	porting Period End:	12/31/2005
Office:	State House	e Of Represen	tatives - D	Pistrict 09		
Check the box that applies to the	nis report:					
Primary Election General Election Other Election Special Election	8-DAY 8-DAY 8-DAY 8-DAY X YEAR ENI	30-1 30-1 30-1	DAY DAY DAY DAY			
Final Organization Closing: Amendment:		YES YES		NO NO	Closing Date:	
	n process in the St	ate of Delaware			nd correct. I agree to abide by all resentatives from the Office of the S	
TREASURER SIGNATURE					DATE	
CANDIDATE SIGNATURE					DATE	



STATEMENT OF ACCOUNT BALANCE

Ac	count Number:	*****	Reporting Period:	01/01/2005 FROM	12/31/2005 TO
1.		NCE (Ending Balance fron	n last reporting period)		\$1,847.03
2.	RECEIPTS:	0			424.220.20
	A. SCHEDULE A - T	OTAL RECEIPTS			\$21,228.30
	B. SCHEDULE C-1 -	TOTAL IN-KIND RECEI	PTS		\$0.00
	C. SCHEDULE D-1 -	TOTAL LOANS RECEIV	/ED		\$0.00
	D. SCHEDULE E - T	OTAL EXPENSE REIMB	URSEMENTS RECEIVED		\$0.00
	E. SUBTOTAL (Total	of A,B,C,D)			\$21,228.30
3.	EXPENDITURES:				
	F. SCHEDULE B - TO	OTAL EXPENDITURES			\$7,765.34
	G. SCHEDULE C-2 -	TOTAL IN-KIND EXPE	NDITURES		\$0.00
	H. SCHEDULE D-2 -	TOTAL LOAN PAYMEN	TTS		\$0.00
	I. SCHEDULE E - TO	OTAL EXPENSE REIMBU	JRSEMENTS PAID		\$0.00
	J. SUBTOTAL (Total	of F,G,H,I)			\$7,765.34
4.	ENDING BALANCE	(Beginning Balance plus 2	2E minus 3J)		\$15,309.99
5.	VALUE OF NON-CA	SH ASSETS (From Sched	lule F)		\$0.00
6.	VALUE OF DISPOSI	ED/TRANSFERRED ASS	ETS (From Schedule G)		\$0.00
7.	VALUE OF LOANS	AT END OF PERIOD (Loa	an Balance From Schedule D-2)		\$0.00
8.	CLOSE OUT BALAN	NCE (Must equal zero if co	ommittee closed)		\$15,309.99



SCHEDULE A - TOTAL RECEIPTS

Account Number:	*****	Reporting Period:	01/01/2005	12/31/2005
			FROM	TO

Itemize all receipts over \$100 for the reporting period. Receipts from sales of items must be itemized if they are over \$50. NOTE: If you receive funds from the same person or organization several times during the reporting period, each item must be listed if the **aggregate** amount is over \$100, even if the individual amounts are not.

RECEIPTS IN EXCESS OF \$100:

Date Received	Contributor Name	Contributor Mailing Address	Aggregate Amount	Amount Received
10/29/2005	Verizon	Washington DC 20005	\$300.00	\$300.00
10/29/2005	Altria Corporate Service	120 Park Ave NY NY 10017	\$300.00	\$300.00
06/24/2005	Bartholomew Dallon	14 Brendale Ln Wilm De. 19807	\$100.00	\$100.00
06/24/2005	Gary Nitsche P A	115 Centrenest Ln Wilm De. 19807	\$100.00	\$100.00
06/24/2005	Nationwide Insurance	One Nationwide Plaza Columbus Ohio 43216	\$150.00	\$150.00
06/24/2005	Diane Hnat	435 Kirks Mill Rd Nottingham Pa	\$130.00	\$130.00
06/24/2005	Maxwell and Associates	4405 Kennett Pike Greenville De.	\$100.00	\$100.00
06/24/2005	MBNA PAC	Wilmington De 19884	\$195.00	\$195.00
06/24/2005	Delaware Racing Association	777 Delaware Park Blvd Wilmington De 19804	\$600.00	\$600.00
06/24/2005	Delaware Healthcare Assn	1280 S Governors Ave Dover Ce 19904	\$100.00	\$100.00
06/24/2005	Delaware Standarbred Assn	830 Walker Square St #11 Dover De 19904	\$100.00	\$100.00
06/21/2005	Joseph Petrillo	12 High Meadow Lane Newark De 19711	\$100.00	\$100.00
06/21/2005	Delaware Chiropratic Society	Middletown De 19709	\$200.00	\$200.00
06/21/2005	Sharon A Camp	102 Duncarvan Dr Middletown De 19709	\$600.00	\$600.00
06/21/2005	Civic Affairs Construction Council	PO Box 6023 Wilmington De. 19804	\$100.00	\$100.00
06/21/2005	Beverly Bove	1020 W 18th St Wilmington De 19802	\$100.00	\$100.00
06/21/2005	Delaware Auto and Truck dealers	Wilmington De 19899	\$200.00	\$200.00

06/21/2005	DSEA Advocacy Fund for Childrens Education	136 E Water St Dover De 19901	\$150.00	\$150.00
06/17/2005	W. Laird Stabler Jr.	Box 124 Montchanin De. 19710	\$200.00	\$200.00
06/17/2005	RC Fabricators Inc.	82Locust St Wilmington De. 19801	\$300.00	\$300.00
06/15/2005	Nancy Leonard	339 Jessica Dr Middletown De 19709	\$100.00	\$100.00
06/09/2005	Tidewater Utilities	1100 South Little Creek Rd Dover De 19703	\$600.00	\$600.00
06/05/2005	Robert Harra Jr	34 Hill Rd Wilmington De 19806	\$100.00	\$100.00
06/03/2005	Buck Semper Architects	715 N Orange St Wilmington De 19801	\$600.00	\$600.00
06/03/2005	Gregory Gross	115 Gateway Dr Newark De 19711	\$325.00	\$325.00
06/03/2005	Kimberly Carr	702 Greylag Rd Middletown De 19709	\$250.00	\$250.00
06/03/2005	Kevin Hensley	203 E Dickerson Ln Middletown De 19709	\$250.00	\$250.00
06/03/2005	Michael Nyhus	501 Stratford Court Middletown De 19709	\$130.00	\$130.00
06/03/2005	John F Griffin	509 Red Oak Dr Middletown De 19709	\$230.00	\$230.00
06/03/2005	Cindy Fitzgerald	206 Moore Cove New Castle De 19720	\$130.00	\$130.00
06/03/2005	John Hughes	224 Milford Dr Middletown De 19709	\$130.00	\$130.00
06/03/2005	Deanne Walker	569 Old Summit Bridge Middletown De 19709	\$130.00	\$130.00
06/03/2005	Deborah Walker	522 Beaston Rd Middletown De 19709	\$130.00	\$130.00
06/03/2005	Boulden	540 Old Barksdale Rd Newark De 19711	\$200.00	\$200.00
06/03/2005	Rabspan Inc	13 King Court New Castle De 19720	\$250.00	\$250.00
06/03/2005	Zweacher Chiropractic Service	12 Pennington St Middletown De 19709	\$150.00	\$150.00
05/16/2005	Pilots Assn for Bay and River	800 S Columbus Blvd Phila PA 19147	\$130.00	\$130.00
05/11/2005	The PAC	1201 N Orange St Wilm De 19899	\$130.00	\$130.00
05/12/2005	ABC Merit Shop	240 S Dupont HWY New Castle De 19720	\$300.00	\$300.00
05/23/2005	Terry Strine	1207 De Ave Wilm De 19806	\$130.00	\$130.00
05/22/2005	William Wood Jr	Middletown De 19709	\$195.00	\$195.00
05/24/2005	Mary Walker	1546 Lorewood Grove Middletown De 19709	\$130.00	\$130.00
05/24/2005	AIA Delaware PAC	606 Market St Wilm De 19801	\$230.00	\$230.00
05/24/2005	William Tansey	PO Box 3922 Greenville De	\$130.00	\$130.00
05/24/2005	Edwin Erisman	251 Miford Dr Middletown De 19709	\$130.00	\$130.00
05/24/2005	Artesian Water	PO Box 15004 Wilm de 19850	\$600.00	\$600.00
05/24/2005	DelBank PAC	5 E Reed ST Dover De. 19903	\$130.00	\$130.00

05/24/2005	United Spine Center LLC	835 Pulaski HWY Bear De 19701	\$260.00	\$260.00
05/24/2005	Connie Walker	540 Beastlore Rd Middletown De 19709	\$130.00	\$130.00
05/24/2005	Paul Houck	116 Berry Dr. Wilm, De. 19808	\$195.00	\$195.00
05/16/2005	Paul A Nickle Inc	14 Mill Park Newark, De. 19713	\$390.00	\$390.00
05/16/2005	J Dallas Winslow	803 Shipley St Wilmington De 19801	\$130.00	\$130.00
05/06/2005	Holger and Kathleen Harvey	401 Corrie lane PO Box 318 Odessa De. 19730	\$200.00	\$200.00
05/16/2005	Mumford and Miller Concrete	1005 Industrial Dr Middletown De 19709	\$260.00	\$260.00
03/04/2005	Sunoco	Ten Penn Center 1801 Market St Phila. Pa 19103	\$260.00	\$260.00
TOTAL RECEIPTS IN	EXCESS OF \$100			\$11,890.00
TOTAL RECEIPTS NO	\$9,338.30			
GRAND TOTAL RECEIPTS (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2A)				\$21,228.30



SCHEDULE B - TOTAL EXPENDITURES

Account Number:	*****	Reporting Period:	01/01/2005	12/31/2005
			FROM	TO

Itemize all expenditures over \$100 for the reporting period. All expenditures to Political Committees must be itemized, regardless of the amount. NOTE: IF you expend funds to the same person or organization several times during the reporting period, each item must be listed if the **aggregate** amount is over \$100, even if the individual amounts are not.

EXPENDITURES IN EXCESS OF \$100:

Date Expended	Payee Name	Payee Mailing Address	Aggregate Amount	Amount Expended
09/12/2005	Dover Post	PO Box 664 Dover De 19901	\$602.00	\$116.00
05/05/2005	Dover Post	PO Box 664 Dover De 19901	\$602.00	\$336.00
11/01/2005	Pearson Farms	Atlanta Georgia	\$191.43	\$191.43
09/01/2005	Blue Hen Promotions	1003 Chapel St Newark De 19702	\$291.82	\$291.82
08/20/2005	U Haul	Townsend De	\$134.66	\$134.66
07/20/2005	Sir Speedy	South Dupont Hwy Dover De 19901	\$175.00	\$175.00
06/21/2005	Smithers	140 South State St Dover De 19901	\$949.18	\$949.18
03/30/2005	William Strickland	30 Emerson Dr Dover De 19901	\$870.00	\$870.00
03/30/2005	Edis	PO Box 2697 Wilmington De 19805	\$500.00	\$500.00
02/19/2005	Committee to elect Mike Shaw	Black Rd New Castle De 19720	\$600.00	\$600.00
01/10/2005	Dover Post	PO Box 664 Dover De 19901	\$602.00	\$150.00
06/03/2005	Dover Downs	DOVER,DE.	\$2,752.93	\$2,752.93
TOTAL EXPENDITURES IN EXCESS OF \$100				
TOTAL EXPENDITURES NOT IN EXCESS OF \$100				
GRAND TOTAL EXPENDITURES (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3F)				



SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS

Account Number:	*****	Reporting Period:	01/01/2005	12/31/2005
			FROM	ТО
		et value in excess of \$100 for the reporting period. NOTE is over \$100, even if the individual amounts are not.	E: If you receive in-kind contributions from the sam	e person or organization several time
IN-KIND CONTRIBUTIO (NOTE: ESTIMATED VALUE F		LESS ANY PAYMENTS YOU MADE FOR THE GO	ODS OR SERVICES)	
Date Received	Contributor Name	Contributor Mailing Address	Description of Contribution	Est. Amount Received
TOTAL CONTRIBUTION	IS IN EXCESS OF \$100			
TOTAL CONTRIBUTION	IS NOT IN EXCESS OF \$100			
GRAND TOTAL RECEIP (TOTAL SHOULD ALSO		INT OF ACCOUNT BALANCE, ITEM 2B)		



SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES

Account Number:	*****	***** Reporting Period:		12/31/2005
			FROM	ТО
eporting period, each item must be in-KIND EXPENDITURI	be listed if the aggregate amount is over \$100 ES IN EXCESS OF \$100:	lue in excess of \$100 for the reporting period. NOTE: , even if the individual amounts are not. LESS ANY PAYMENTS YOU RECEIVED FOR THE		or organization several times during t
Date Expended	Payee Name	Payee Mailing Address	Description of Expenditure	Est. Amount Expended
TOTAL EXPENDITURE	S IN EXCESS OF \$100			
TOTAL EXPENDITURE	S NOT IN EXCESS OF \$100			
GRAND TOTAL EXPEN (TOTAL SHOULD ALSO		NT OF ACCOUNT BALANCE, ITEM 3G)		



SCHEDULE D-1 - LOANS RECEIVED

Account Number:	*****	Reporting Period:	01/01/2005 FROM		12/31/2005 TO
All loans in excess of \$50 RECE	CIVED DURING THIS REPORTING PERIOD shou	ld be itemized on this schedule. NOTE: Thes	se loans must also be listed on Schedule D-2.		
LOANS RECEIVED IN I	EXCESS OF \$50:				
Date Received	Lender	Endorser	Description of Security	Int. Rate	Amount Received
TOTAL LOANS RECEIV (TOTAL SHOULD ALSO	VED DAPPEAR ON PAGE 2, STATEMENT OF	ACCOUNT BALANCE, ITEM 2C)		



SCHEDULE D-2 - LOANS

Reporting Period:

(TOTAL PAYMENTS MADE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCT BALANCE, ITEM 3H. TOTAL LOAN BALANCE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCT BALANCE, ITEM 7.)

Account Number:

12/31/2005

01/01/2005

					FROM		TO
All outstanding loans	in excess of \$50 must be listed. This includes	loans from Lending Institutions, Candidates	Personal Funds and Other Contr	ibutors.			
LOANS IN EXC	ESS OF \$50:						
Date Rec'd	Lender	Endorser	Description	Int Rate	Orig. Loan Amt	Payments Made	Balance
TOTAL LOANS			4°				



SCHEDULE E - EXPENSE REIMBURSEMENTS

Reporting Period:

01/01/2005

12/31/2005

Account Number:

			FROM		TO
all expense reimbursements received	d by you and paid by you must be itemized.				
REIMBURSEMENTS REC	EIVED (Monies paid to you as rein	mbursements for expenses you incurred.)			
Date Received	Reimburser	Description of Activity	Activity Date	Total Expense	Reimbursement
TOTAL DEIMBURGEMEN	JEC DECEIVED				
TOTAL REIMBURSEMEN (TOTAL SHOULD ALSO A		NT OF ACCOUNT BALANCE, ITEM 2D.)			
REIMBURSEMENTS PAID) (Monies paid by you to reimburse	e others for expenses they incurred.)			
REIMBURSEMENTS PAID Date Paid		e others for expenses they incurred.) Description of Activity	Activity Date	Total Expense	Reimbursement
•	O (Monies paid by you to reimburse Payee		Activity Date	Total Expense	Reimbursement
•			Activity Date	Total Expense	Reimbursement
•			Activity Date	Total Expense	Reimbursement
•			Activity Date	Total Expense	Reimbursement
•			Activity Date	Total Expense	Reimbursement
Date Paid	Payee		Activity Date	Total Expense	Reimbursement
Date Paid	Payee NTS PAID			Total Expense	Reimbursement



SCHEDULE F - NON-CASH ASSETS

Account Number:	*****	Reporting Period:	01/01/2005 FROM	12/31/2005 TO
Itemize all non-cash assets owne	d by the organization including those paid for by the organizatio	n, lent to the organization and contribute	ed to the organization.	
LIST ALL NON-CASH A	SSETS			
Date Received	Description of Asset	Locati	ion of Asset (Physical Address)	Value of Asset
TOTAL ASSET VALUE (TOTAL SHOULD ALSO	O APPEAR ON PAGE 2, STATEMENT OF ACCO	UNT BALANCE, ITEM 5.)		



SCHEDULE G - ELIMINATION OF ASSETS

Account Number:	R	eporting Period:	01/01/2005 FROM	12/31/2005 TO
				.0
Itemize all non-cash assets dispos	sed of, transferred or sold by the organization during the reporting peri	od.		
LIST ALL ELIMINATED	ASSETS			
Date Eliminated	Description of Asset		Disposition of Asset	Value Received
TOTAL ASSETS ELIMIN	NATED O APPEAR ON PAGE 2, STATEMENT OF ACCOUNT	RALANCE ITEM 6)		
(TOTAL SHOCLD ALSO	THI LIN ON THOSE 2, STREET OF ACCOUNT	Dilling, Henry		